Effective October 1, 2003 10/032449													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TC	TAL CLAIMS		_				ΙΓ	RATE	FEE		RATE	FEE	
FC	R		NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	ABLE CLAIMS	20 minus 20=		•			X\$ 9=		OR	X\$1.8=		
INC	EPENDENT C	AIMS	5 minus 3 =		* 2			X43=		OR	X86=	172.0	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT			· 🗆 ]		145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								OTAL		OR	TOTAL	172	
CLAIMS AS AMENDED - PART II										ı	OTHER	THAN	
(Column 1) (Column 2) (Column 3)							S	MALL	NTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA	f	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 22	Minus	** 2	20	= 2	,	<b>(\$ 9=</b>		OR	X\$18=	36	
	Independent	. 5	Minus	***	6	= /	;	K43=		OR	X86=	86	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b>」</b>	145=		OR	+290=		
								TOTAL		OR	TOTAL ADDIT, FEE	152	
	·	(Column 1)		(Colum	nn 2)	(Column 3)	ADI	DIT. FEE		,	ADDII. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA	] [F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	>	<b>(\$ 9=</b>		OR	X\$18=		
	Independent	*	Minus	***	CL AIM	= .		(43=.		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								145=		OR	+290=	•	
								TOTAL IT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)									_	_			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	drik .		=	×	\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	l 🗔	43=		OR	X86=		
	FIRȘT PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		-				.000		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290= TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												-9-1	
٦	he "Highest Num	ber Previously Paid	For* (Total or	Independe	nt) is the	highest numbe	er found i	n the app	ropriate box	in col	umn 1.		

Application or Docket Number